

EXTERNAL USER ID ACCESS REQUEST FORM (Form B)

Log No:

2. Please write legibly & \infty where applicable Note: 1. All fields are compulsory 3. Date format: dd/mm/yyyy Section 1 (to be completed by Requestor-External User) Name: Employee No: Identity Card No.: Designation/Department: Bank / Organization Name: Bank / Organization Address: City: Postcode: Country: State: Contact No.: Email Address: ☐ Permanent From (Date): To: Status: Temporary, System/Application: a. IBG / Direct Debit Payswitch Application ☐ FI Report Server* * IP Address: IBG □ IBĠ (Registered with TM and to be registered at PayNet Firewall) Direct Debit Direct Debit b. DDA DMS ☐ FI Report Server* * IP Address: ☐ Bank Approver (Registered with TM and to be registered at PayNet ☐ Bank Enquiry Firewall) c. FPX ☐ FI Report Server (Bank Only) ☐ FPX Webview* (BANK) ☐ FPX Webview* (MERCHANT) ☐ Maker (Admin) ☐ Maker (Admin) Authorizer (Admin) Authorizer(Admin) ☐ FPX –TPA Webview *Exchange ID : EX * IP Address: *Seller ID : SE (Registered with TM and to be registered at PayNet Firewall) d. JomPAY **BANK BILLER** Administrator Administrator ☐ Checker ☐ Checker ☐ Maker ☐ Maker * IP Address: (Registered with TM and to be registered at PayNet Firewall) ☐ FI Report Server* ☐ SMTP Server e. CIT IP Address: □ eService □ EWIDT (Registered with TM and to be registered at PayNet Firewall) f. SAN / MyDebit Reports IP Address: ☐ SFTP (Registered with TM and to be registered at PayNet Firewall) IP Address: g. RPP (Registered with TM and to be registered at PayNet □ UPF ☐ ICS-XS Firewall) h. DLS / ECMS ☐ Domestic SAN ☐ Domestic SAN ☐ Domestic SAN ☐ Issuer ☐ Acquirer ☐ Beneficiary ☐ Maker ☐ Authorizer Authorizer Authorizer ☐ Cross-border (CBPOS) ☐ Cross-border ☐ Cross-border ☐ Switch Partner ☐ Issuer ☐ Acquirer ☐ Beneficiary ☐ Maker ☐ Maker



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☐ Authorizer ☐ HOD ☐ MyDebit ☐ Issuer ☐ Maker ☐ Authorizer ☐ HOD		☐ Ho ☐ MyDebii ☐ <i>Acqu</i> ☐ Ma	irer	☐ Authorizer ☐ HOD	
		S iLINK	☐ RENTAS Mini		
j. <u>Others</u> Please specify:					
☐ Public IP*	☐ MPLS IP			* IP Address: (Registered with TM ar Firewall)	nd to be registered at PayNet
Environment:		SIT UAT	☐ CRT	☐ Production	n Disaster Recovery
Request to:					
☐ Create ID	☐ Delete/Revoke ID*		☐ Suspend/Disable ID* ☐ Activate/Enable/Unlock ID*		
☐ Reset Password	d* ☐ Mod	ify ID*			
*please specify Use	er ID:		*modify ID, specify the new profile:		
Reason for reques	st:				
Signature: Date:					
Approval (by Bank's Authorized Signatories)					
Approval (by Ba	nk's Author	ized Signatories	1		
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